

Case Number:	CM15-0170592		
Date Assigned:	10/06/2015	Date of Injury:	01/04/2003
Decision Date:	11/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old female, who sustained an industrial injury on 1-04-2003. The injured worker was diagnosed as having gastropathy-suspect gastroesophageal reflux disease secondary to stress and medications, suspect irritable bowel syndrome secondary to stress and medications, dysphagia-suspect secondary to GERD, post-traumatic weight gain (unsubstantiated), hypertension (controlled), obstructive sleep apnea, bright red blood per rectum (currently asymptomatic), blurred vision (rule out hypertensive retinopathy), positive H pylori IgG, rule out current infection, and left ventricular diastolic dysfunction. Treatment to date has included diagnostics, right knee surgery in 2011, mental health treatment, and medications. On 6-11-2015, the injured worker complains of "unchanged" gastroesophageal reflux symptoms, noting "improved" abdominal pain, right upper quadrant burning at night and ongoing constipation and blurred vision. She remained off work. Cardiovascular exam noted no ectopic beat, regular rate and rhythm, and no murmurs, rubs or gallops. Abdominal exam noted normoactive bowel sounds, no hepatosplenomegaly, no guarding, and no rebound. Medications prescribed included Dexilant, Gaviscon, Simethicone, Lovaza, Crestor, probiotics, aspirin, Bentyl, Amitiza, Preparation H, Voltaren gel, Sentra AM, and Trepadone. The use of Trepadone and Sentra AM was not referenced in previous progress report (Internal Medicine on 4-10-2015). She was instructed to follow a low fat, low acid, low sodium diet. Abdominal ultrasound (12-10-2014) was documented as showing a surgically absent gallbladder and mild fatty infiltration of the liver. The treatment plan included Sentra AM #60 (3 bottles) and Trepadone #90 (4 bottles), non-certified by Utilization Review on 8-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Sentra AM quantity 60 three bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sentra Section.

Decision rationale: Sentra AM is a medical food. The MTUS Guidelines do not address the use of Sentra AM. The ODG states that Sentra is not recommended. Sentra is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. The request for Sentra AM quantity 60 three bottles is determined to not be medically necessary.

Trepadone #90 4 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Trepadone Section.

Decision rationale: MTUS guidelines do not address the use of Trepadone. Per the ODG, Trepadone is not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. See Medical food. Under this entry discussions of the various components of this product are given. The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA all indicate there is no role for these supplements as treatment for chronic pain. See also Omega-3 fatty acids. Current literature suggests omega-3 fatty acids for treatment of certain cardiovascular and lipid conditions, treatment of rheumatoid arthritis, and for selected patients for depression (primarily those who are unable to take conventional antidepressants). There is insufficient evidence to support use for osteoarthritis or for neuropathic pain. The request for Trepadone #90 4 bottles is determined to not be medically necessary.